State



February 26, 1988

Environmental Protection Agency Region III 841 Chestnut Building Philadelphia PA 19107

Attn: Ms. Carol Johnson

Dear Ms. Johnson:

Per our recent telephone conversation with our Plant Manager, Mr. Jack Minnich, please be advised that the ISC location at 3050 Hempland Road, Lancaster PA, EPA number PAD054139506, has changed occupancy from ISC Defense Systems to ISC Technologies, Inc.

Your cooperation is appreciated. If there are any other problems, please contact me. Sincerely,

Come Wolpert / BD

Gene Wolpert

CC: Jack Minnich Dick Auman

Name Charge Coded 3-11-88 09

3700 Electronics Way, P.O. Box 3040 Lancaster, Pennsylvania 17604-3040 Tel: (717) 285-7911 Telex: 84-8438 Cable: INTERSIG MAR I 6 1988

V. OF COMPL & MONEY

PA SECTION

MAR' 1 1 1980

## Form Approved, OMB No. 2050-0028, Expires 9-30-8 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only GSA No. 0246-EPA-C United States Environmental Protection Agency Washington, DC 20460 Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation **Notification of Hazardous Waste Activity** and Recovery Act). For Official Use Only Comments С Date Received Installation's EPA ID Number Approved C Name of Installation II. Installation Mailing Address Street or P.O. Box 3 0 0 3 0 E t City or Town **ZIP Code** Α 6 а C e Location of Installation Street or Route Number 0 3 7 0 0 t S City or Town ZIP Code State P 7 6 0 t e IV. Installation Contact Name and Title (last, first, and job title) Phone Number (area code and number a n u m Ownership A. Name of Installation's Legal Owner B. Type of Ownership (enter code) P Ι C S S T e n C e C I Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) A. Hazardous Waste Activity **B. Used Oil Fuel Activities** 1b. Less than 1,000 kg/mo. 1a. Generator 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) 2. Transporter a. Generator Marketing to Burner 3. Treater/Storer/Disposer 4. Underground Injection b. Other Marketer 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) C. Burner 7. Specification Used Oil Fuel Marketer (or On site Burner). a. Generator Marketing to Burner Who First Claims the Oil Meets the Specification b. Other Marketer VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) A. Utility Boiler B. Industrial Boiler C. Industrial Furnace VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es)

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ E. Other (specify)

D. Water

B. Subsequent Notification (complete item C)

EPA	Form 8	8700-12	(Rev. 1	1-85)	Previou	us edition	ı is obsolo	ete.

B. Rail C. Highway

IX. First or Subsequent Notification

A. Air

A. First Notification

C. Installation's EPA ID Number

								•	€.			_	98-256-6580 -						T/A C							
															W			_								1
													from													
A.	Haza from	nons	s Wa: pecifi	stes ic so	from urce:	Non:	spec inst	ific :	Sour ion h	ces. andi	Enter es. U	r the se ad	four-diq Iditiona	git nu I shee	mbe ets i	er fro f nec	m 40 ( essary	CFR Pa	irt 26	31.31	for eac	h liste	d haz	ardous		-
		1 .						2	****	Π			3	$\Box$	T		4				5				6	
	F	0	0	2									-													
	H		7 8				9			$\vdash$		10					11	1		12						
					-					1				1	T						Ť		1		T	
В.	Haza	rdou	s Was	stes	from	Spec		Sour	rces.	Ente	er the	four	-digit n	umbe	r fro	om 4	O CFR	Part 20	61.32	2 for e	ach lis	ted ha	zardo	us was	ste fron	
	spec	ific so	ource	s you	ur ins	stallat	ion l	nand	les. l	Jse a	ıdditic	onal s	sheets i	if nec	ess	ary.			· · · · ·			7.00 7.0				•
	<u> </u>	13				L		14	·	-	<u> </u>	1	15	4	-	<del></del>	16			17	17		┦ ┃	<del></del>	18	
														218												
			19					20				2	21				22				23		1		24	
								İ		-					1											
			25					26	<u> </u>	1			27	<b>_</b>	L		28	<u> </u>			29		1		30	
C.	Com	merc	ial Cl	nemi	cal P	rodu	ct H	azan	dous	Was	ites.	Enter	the for	ur-dig	it n	umbe	er from	40 CI	R Pa	rt 26	.33 fo	r each	chen	nical su	ıbstanc	e
	your			har	des	whic		<u> </u>	a ha	zard	ous w		. Use a	dditio	nal	shee	ts if ne	cessa	ry.			1,000			30	
	<u> </u>		31			· ·	-	32	Γ	ł	Ь	3	33	-  `	$\vdash$		34	T -		T	35	<del>-  </del> -	-		36	
	L																									
			37					38		]		3	39	]			40				41		]		42	
·														190	4				- 1-20 2-20 2-20 3-20 3-20 3-20 3-20 3-20 3							
		4	13					14		1		4	45	]			46		ΑĞ		47		1 1		48	
	İ																		:							
													n 40 <i>Cl</i>									om hos	spital:	5, veter	inary h	os-
	pitals			al an	d res	earch			ries	your	insta	llatio	on hand	iles. U	Jse :	addit		heets	if ne	cessa	<u>.</u>		· 			
	<u> </u>	49				50			<del>}</del>		$\vdash$	51		$\dashv$	$\vdash$	52		T		53		<b> </b>		54		
		*							. ~ .			i e Lie	, N E			S						ж. <b></b>			na.	
											. Mar		in the	boxes	COI	rresp				racter	istics	of noni	isted	hazard	ous wa	stes
	,		X 1. 4			•	214.	- 5.5 - • • • • • • • • • • • • • • • • • • •		-	2. Co	ar a Ta	11	د د آدوک				3. Res	44,50	California California	er jalen. Kanada dalam		-		Table -	in Magi≃ture de
			(1	0001	)		3					002j						(000					14.1 14.1		000)	
ΧI	. Ce																									
	this obt	and ainir	l all ng th	atta e in			eun va, l	nen beli	ts, a ieve	nd : tha	that t the	base sub	nally e ed on mitte ilse in	my l d inf	inq orn	uiry nati	of the	ose îi rue, t	ndiv BCCL	ridua I <b>rate</b> ,	is im and	media comp	itely lete.	respe l'am a	onsibl aware	e for that
Sig	natu		- 0				4	كنخف	<u>. 25 . 17</u>	·		<del>-</del>	me an		<u> </u>					<u> </u>	<u> </u>	<del></del>	<del></del>	Signed		
	Anthony D'Alessandro 5/10/80																									

EPA Form 8700-12 (Rev. 11-85) Reverse

Director, Administration & Personner



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA Form 8700-12B (4-80)



